

# Tulane University Annual Report

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Submitted November 2012

## ***Projects Sponsored by USAID Southern Africa:***

### **Compiling an Evidence Base for Orphans and Vulnerable Children Programming (i.e., OVC)**

- **Award Number:** Cooperative Agreement No. AID-674-A-12-00002

### **HIV/AIDS Orphaned and Vulnerable Children Public Health Evaluation (i.e., PHE)**

- **Contract No.:** GHH-I-00-07-00069, Order No.: GHH-I-03-07-0069
- **Implementing Partner:** Social Sectors Development Strategies/Tulane University

Prepared by: Tonya Renee Thurman, MPH, PhD Chief of Party; [tthurma@tulane.edu](mailto:tthurma@tulane.edu)

## **Project Overview**

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The activities detailed here fall within the scope of two projects led by Tulane University under the direction of Dr. Thurman: 1) Compiling an Evidence Base for OVC Programming (hereinafter referred to as OVC), and 2) HIV/AIDS Orphaned and Vulnerable Children Public Health Evaluation (hereinafter referred to as PHE). Notably, while Dr. Thurman is the Chief of Party for PHE, the current contract is with Social Sectors Development Strategies (SSDS) and Tulane University is a subcontractor. However, in agreement with SSDS and USAID Southern Africa, it was determined that the SSDS contract for the PHE project will close in early 2013 and key activities will be integrated within the existing Tulane OVC award. Further, in addition to Tulane University exercising technical leadership for both projects, they have overlapping goals and activities. As such, this annual report describes 2012 achievements for both projects.

## **Project Achievements in 2012**

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Both projects aim to provide empirical evidence that can effectively guide OVC programming and policy. This goal will be achieved primarily through three key activities: (1) Program Assessments (2) Case Studies and (3) Technical Assistance. All activities are underscored by a concerted effort to promote Research to Practice. The sections below highlight Tulane University's accomplishments during the period September 2011 to September 2012 with respect to each of these activities, as well as important administrative and financial milestones.

### **Program Assessments**

Using rigorous study designs and involving multiple sites, Tulane will engage in operations research to test the efficacy of interventions aiming to address critical service delivery issues for OVC. Details are provided below on assessment activities completed this fiscal year on two ongoing studies and preliminary work towards a new study.

**OVC KZN:** Tulane implemented the follow-up survey for a longitudinal study titled "*Assessing the Impact of Interventions to Meet the Needs of Orphans and Vulnerable Children in KwaZulu-Natal, South Africa*," hereinafter referred to as OVC KZN. This study is designed to examine the effectiveness of various home visiting approaches applied by PEPFAR supported OVC partners.

This study employed a longitudinal pre-post design, with intervention and comparison groups, to gather information on intervention-specific impact as well as program impact. Four OVC program models were included in this assessment: 1) the Isibindi model, developed by the National Association of Child Care Workers (NACCW); 2) Heartbeat's direct service delivery model; 3) Tswelopele, Heartbeat's model for training and mentoring other service delivery organizations; and 4) the basic needs model implemented by community-based organization (CBO) affiliates of the Children in Distress Network (CINDI). Each program includes home visiting as the primary service delivery approach, but the quality and intensity of the model varies across partners.

The study included two survey rounds conducted two years apart. Data collection involved in-person interviews with consenting/assenting participants (caregivers and children) in their homes by a local team of trained interviewers. Standard procedures for informed consent, confidentiality, quality assurance and participant referral were followed. Survey instruments covered household and demographic characteristics, caregivers' health and psychosocial wellbeing, childrens' health and psychosocial wellbeing, levels of unmet need, and participants' exposure, if any, to home visiting and other interventions offered through the program partners.

Baseline data collection was conducted in 2010 among 1854 newly enrolled beneficiary children age 10-17 and their caregivers, and baseline study briefs detailing results from the first round of data collection and analysis were completed and published in 2011 (see Tulane website)<sup>i</sup>. The follow-up survey was administered after 24 months of program exposure, from April to June 2012. We were able to locate and re-interview 1489 children who participated in the first survey round (80%). A total of 1,576 caregivers also took part over the course of the study. The number of caregivers from the baseline who participated in follow-up data collection was lower, due in large part to changed circumstances (e.g. if the child no longer lived with the same caregiver, the protocol did not call for that caregiver to be interviewed). Even given this methodological constraint we obtained 71% of original caregivers' interviewed at follow-up; in other cases as per protocol we interviewed the new caregiver or collected household-level information from youth now living on their own. Tulane researchers are presently analyzing data from this round of fieldwork. Analysis will examine how children's exposure to specific interventions may have affected their wellbeing according to a variety of measures. Impact of any exposure to home visiting as well as differences in outcomes that may emerge from varying intensity, frequency and quality of exposure will be considered.

***Summary of Key Activities and Deliverables Achieved:*** Specific activities completed under this assessment includes, but is not limited to: updating survey instruments and field materials for follow-up; generating electronic surveys; securing continued ethical approval in both the United States and South Africa; development of the sampling frame and field procedures; training the field team; overseeing follow-up quantitative data collection and entry; data cleaning, variable creation and development of an analysis plan. Notably, in accordance with approved renegotiation of the workplan, focus groups initially planned for 2012 have been shifted to the 2013 workplan to allow for the quantitative results to inform key questions guiding qualitative data collection.

**PHE:** Baseline surveys and costing data were collected for the study *"The Cost Effectiveness of Two Interventions for Reducing HIV Risk and Improving the Wellbeing of Orphaned and Vulnerable Adolescents in the Eastern Cape of South Africa,"* hereinafter referred to as PHE. This is a prospective 20-month study of adolescents in Eastern Cape, South Africa to assess the cost benefit and impact of two complementary interventions that target HIV risk factors among vulnerable adolescents. The first intervention, *Vhutshilo*, delivers weekly group HIV prevention education. The second, *Interpersonal Therapy for Groups (IPTG)*, consists of weekly psychotherapy group sessions targeting depression and bereavement. It is hypothesized that each intervention may have independent effects on psychological health and sexual decision-making; and that they may show important synergistic effects as well.

The study involves a mixed-methods approach with three core components: 1) an impact evaluation using a community-randomized controlled trial (CRCT); 2) Three survey rounds among youth and their caregivers examining HIV risk factors and the psychological domains hypothesized to be affected by the interventions, as well as an array of factors that are potentially influential to key youth outcomes; and 3) a detailed analysis of intervention costs, linked to the impact evaluation in order to determine the cost-effectiveness of these interventions.

For the CRCT, sixty World Vision drop-in centers that deliver standard care were randomly assigned to one of four study conditions: IPTG, Vhutshilo, IPTG+Vhutshilo, and no additional intervention (controls). Based on available current beneficiary data from World Vision, approximately 1600 adolescent OVC aged 14-17 years and their caregivers were considered eligible to participate in the study at baseline. Efforts to survey these selected youth and their caregivers were undertaken between January and February 2012 with intervention enrollment slated to immediately follow. However, actual enrollment in both the survey and the interventions was lower than anticipated (see Table 1). Only 1016 youth ages 14-17 participated in the survey, as many were found to be ineligible or had relocated. Further, initial enrollment of these study participants into the first-implemented intervention, IPT-G, was also lower than anticipated: as of July 2012, only 297 of the 544 surveyed youth who were assigned to receive IPT-G were actually participating. In collaboration with Tulane, World Vision agreed to offer 'neglected' youth another chance to enroll in IPT-G in September, in order to more closely attain the sample size randomized to this intervention. Further investment was also made to ensure that those who were designated to obtain Vhutshilo (either in the Vhutshilo Only or the Both group) were actually provided with these services. The table below shows anticipated intervention coverage as of Sept 2012; examination of actual participation will take place in December 2012 upon the completion of both interventions. Notably, the shift in sample size has implications for the planned study design in that our ability to assess the effects of participating in both interventions may be compromised. However, if the level of impact is reasonably high, we should be able to examine the independent effects of each of the interventions alone.

Table 1. Number of youth surveyed and enrolled in interventions by group assignment, Sept 2012

	<b>Surveyed Youth by Original Group Assignments</b>	<b>Actual Program Enrollment (Sept 2012)</b>
Both IPTG and Vhutshilo	284	153
IPTG Only	260	243
Vhutshilo Only	243	319
No Intervention	229	301

In addition to the baseline PHE survey described above, participants will be invited to participate in two follow-up survey rounds. The first round is scheduled for 10 months after the baseline survey and immediately following intervention exposure: November – December 2012. Fieldwork for this survey round was ongoing at the time of this report and related preparations for this occurred in fiscal year 2012. Preparation activities involved updating survey instruments, including devising new intervention exposure question in collaboration with program partners, community preparation and fieldwork planning, and training of fieldworkers. A second follow-up round will take place a year later at the end of 2013. Analyses will examine how youths' exposure to specific interventions may have affected key outcomes of interest, with attention given to immediate effects as well as delayed or lasting effects. The assessment should provide empirical evidence to inform the development and scale-up of interventions for vulnerable adolescents.

Lastly, intervention costing data for IPTG and Vhutshilo was also collected this year. In addition to document review, costing data collection included in-depth interviews with staff from World Vision, Pact and CSPE and to help enumerate all of the tasks and activities necessary to achieving intervention service delivery and the quantities of inputs/resources required to do so. Upon finalization of this

itemized expense list, various budgetary sources were examined (i.e., workplans, budgets and other supporting documents) in order to generate cost data for each of the inputs. Costing data included capital goods (e.g., cars, office space), staff (facilitators and senior support staff), training, travel costs (for staff and participants), as well as non-monetary community contributions (e.g., donated space used for hosting the interventions) among other input necessary to realize the interventions. All costing data collection was completed in 2012 and per beneficiary cost ratios for each of the interventions for use in the impact analysis will be devised in 2013.

***Summary of Key Activities and Deliverables Achieved:*** Activities completed under this assessment include, but are not limited to: stakeholder consultation; partner information gathering and site visits; study design development with selected partner (World Vision); MOU with program partner (World Vision); development of the research protocol; design, pre-test, finalization and subsequent update of surveys and other research tools; obtaining PHE Committee approval of the protocol and progress report; securing ethical approval in both the United States and South Africa; development of a sampling frame and fieldwork procedures; two rounds of training the field team; overseeing quantitative baseline data collection and entry; baseline data cleaning and variable creation; preliminary descriptive analyses on baseline data; collection of costing data at program headquarters.

**New Assessment:** Implementation of an additional assessment, including selection, study design and field preparation, was planned for the period of September 2011-September 2012. Interventions of interest were to be within the realm of family strengthening or adolescents, with attention to gender as an integral component. Tulane aimed to realize two proposed study ideas, as detailed below. However, it was subsequently determined that the new assessment will be identified in early 2013 instead, and will include one of the OVC partners newly selected by USAID for funding.

Tulane's initial efforts towards a new study began in late 2011. In collaboration with CINDI, significant advances were made towards a study that would assess school-based HIV prevention activities coupled with mobile HCT and OVC support services for secondary school students. In addition to examining the impact of interventions aiming to address this critical gateway to both prevention and treatment, this study was designed to inform the Department of Health guidelines to ensure the effective and ethical scale-up of school-based HCT across South Africa. Progress towards realization of this study included: development of a concept paper that was subsequently reviewed and approved by USAID; a series of individual and group meetings with CINDI and their partners within the May'khethele OVC to inform the study design; presentations and letters delivered to other local stakeholders to garner their input and support; development of a sampling frame of eligible schools; and selection and initial collaboration with a local research partner (Human Sciences Research Council in Pietermaritzburg). Much of the preparation occurred in late 2011 to prepare for the submission of the ethical application and baseline data collection scheduled for 2012. Unfortunately, as the research protocol was under development, the Council of Education Ministers' made a decision to halt all HIV testing in schools. This new policy significantly impacted the activities within the program of interest and negated the possibility of moving forward with the proposed study in this fiscal year.

A second study idea was generated based on consultation with USAID and expressed interests of stakeholders in obtaining greater understanding of the potential vulnerability of HIV-affected children to abuse. As a first step towards exploring this phenomenon and informing intervention efforts, a pseudo-experimental case-control methodology was proposed to assess the relative risk of abuse among HIV-affected children. It was to be conducted in collaboration with a large sample of child protection organizations whose members would complete standardized intake forms on children reported and investigated for emotional, physical and/or sexual abuse over a specified time period. Comparative analyses between this data (cases) and South African Census data (controls) would be conducted to investigate how children with reported cases of abuse differ demographically from the general population. The study would examine the relationship between possible HIV-related risk factors

and different forms of abuse, while also seeking to learn what other characteristics (e.g., age, gender, family composition) may convey increased risk. The concept paper was shared with USAID who subsequently passed it on to other stakeholders. In spite of initial interest, there was limited uptake of this idea and priorities shifted to focus instead on an evaluation on one or more interventions implemented by new USAID-funded 2013 OVC partners.

In collaboration with USAID Southern Africa, the new assessment partner will be chosen based on a review and evaluability assessment of the anticipated interventions of partners selected for the PEPFAR five-year program in Service Delivery and Support for Families Caring for Orphans and Vulnerable Children. At the time of this report, the portfolio of potential partners had not been released and therefore planning for this assessment will occur in 2013.

***Summary of Key Activities and Deliverables Achieved:*** While many preliminary activities were implemented towards a new assessment as described above, the key deliverables under this activity were renegotiated for 2013, including a research protocol, research tools, and ethical approval.

## Case Studies

In order to document the detailed operations of programs and/or models of interest, a series of case studies on programs that receive funding from USAID Southern Africa will be conducted over the course of the project. Tulane initially planned to complete a case study of multiple partners offering psychological interventions based on the most recent portfolio of USAID Southern Africa program partners. However, due to the anticipated changes in this portfolio and postponement of the release of new program partners, Tulane in collaboration with USAID Southern Africa agreed to focus the case study on the psychological intervention of one selected partner.

In August 2012, Interpersonal Psychotherapy for Groups (IPT-G), an intervention offered by World Vision, was identified as ideal for the case study. IPT-G consists of weekly psychotherapy group sessions targeting depression and bereavement. Interpersonal psychotherapy is a theory- and evidence-based treatment approach for depression developed by clinicians, and later adapted for groups. World Vision has helped to pioneer the use of this model in sub-Saharan Africa, even adapting the model for use specifically with OVC. The intervention was chosen because it is the focus of another ongoing USAID Southern Africa/Tulane assessment (PHE), and the activities will therefore provide complementary information on the program's successes and challenges. By including an in-depth program description along with lessons learned in implementation, the case study will offer practical guidance for understanding evaluation evidence and inform replication of the program.

Case study data collection commenced in September, and the draft for review will be available in November 2012 with final production and dissemination intended for December 2012. Dissemination will include presentations of key findings to local program stakeholders and distribution of printed documents directly to the program partner involved for use and dissemination, as well as to USAID and other national stakeholders at workshops and conferences. The case study will also be available for free on Tulane's website,<sup>1</sup> to ensure open access to programmers throughout the region.

***Summary of Key Activities and Deliverables Achieved:*** The key deliverable for FY 2012 according to the original workplan included one published case study focused on psychological interventions that involved multiple partners. Due to the anticipated changes for key partners and interventions supported by USAID, the content and timing of the case study was renegotiated. Data collection occurred for the case study in this fiscal year and the final product will be delivered in early FY2013.

## Technical Assistance

Per the FY 2012 workplan, Tulane's Principle Investigator served as a member of the Department of Social Development Research Working Group of the National Action Committee for Children Affected by HIV and AIDS (NACCA), thereby contributing to the national research agenda and promoting evidence grounded policy and practices. Tulane also provided support to our newly hired South African based Research Associate for her active participation in the committees. TU also engaged in building both program and research capacity in South Africa, in activities as detailed below.

In addition to participating in these national events, Tulane has provided capacity-building suggestions to program partners on how to improve current practices. In particular, technical assistance has been part of the ongoing partnership with World Vision and CSPE South Africa as part of the assessment and specific activities for 2012 include:

- Providing input towards World Vision's implementation and quality control plan;
- Reviewing and providing detailed commentary to CSPE on two revisions of the updated Vhutshilo curriculum;
- Support for the World Vision beneficiary enrollment and intervention attendance registry, including the establishment of a paper-based and electronic system of recording class enrollment and attendance and technical assistance for synthesizing these into a report and interpreting the results.

Tulane also provided important capacity-building support to the local research institution, Impact Research International, as part of both the OVC KZN and PHE assessments. The set of activities geared towards IRI institutional capacity building has included:

- Hands-on training in Research Methods and Best Practices, such as:
  - Introduction to and training on use of computer assisted personal interviewing (CAPI) and audio computer-assisted self-interview (ACASI) technology
  - Introduction of systematic tracking procedures for pre-selected samples and longitudinal data collection
  - Implementation of extra quality control measures, such as 10% call-backs.
  - Additional training in ethical conduct for conducting research with vulnerable children and management of sensitive data

Further, Tulane has worked with IRI to facilitate relevant skill enhancement and leadership opportunities, engaging them in the analytical processes in the follow-up surveys. Their input was requested and incorporated into the development of the majority of field materials and field procedures, including: household tracking forms, databases and procedures; consent and assent forms and procedures; referral forms and procedures; and day-to-day field plans. They were also involved in initial dissemination activities pertaining to OVC KZN and expect to be engaged in the same for the follow-up survey of this and the PHE assessments. Moreover, in 2013, IRI will be encouraged to take a leading role in the qualitative data collection and analysis processes for OVC KZN.

***Summary of Key Activities and Deliverables Achieved:*** In addition to more than 70% attendance at all NACCA & RWG meetings, the other FY 2012 key deliverables for implementing research to practice were achieved including input towards the World Vision implementation and quality control plan as well input on the updated Vhutshilo curriculum.



## Research to Practice

To facilitate evidence-based decision-making, four communication forums will be employed throughout the life of the projects: (1) interactive workshops; (2) study briefs; (3) presentations at national and international forums and (4) issuances of peer reviewed publications. Furthermore, Tulane will provide local and international stakeholders with current and cutting-edge information on an on-going basis.

Following the release of a series of research briefs and interactive workshops in FY 2011, no interactive workshops were held, or study briefs released during FY 2012. These will be held/disseminated pending the completion of longitudinal data analysis in 2013. Instead, Tulane has focused on giving presentations at national forums and on the development of peer reviewed publications. Two peer-reviewed publications stemming from OVC KZN baseline results were submitted for review and revisions are in process. In addition, two oral presentations were delivered at national conferences, as described below.

Dissemination of the baseline KZN results continued, with the following oral presentation accepted for the 2012 International Congress of Psychology.

- Thurman TR & Kidman R. *Chronic illness in the home: Implications for the mental health and protection of children*. International Congress of Psychology, Cape Town, July 2012.

Moreover, while data analysis is ongoing, some baseline data results from PHE were prepared to share with interested audiences. The following abstract was accepted for oral presentation at a 2012 OVC conference:

- Thurman TR & Kidman R. *Knowledge and Sexual Risk among Vulnerable Adolescents in Eastern Cape, South Africa*. OVC Conference, Johannesburg, South Africa, October 2012. (Presented by Tulane Research Associate Mathildah Mokgatle)

Notably, sharing of the initial PHE baseline and case study results is also ongoing through November-December 2012 with local program stakeholders.

As aforementioned, TU will provide local and international stakeholders with current and cutting-edge information on an ongoing basis. To this end, TU has begun the process of establishing a website which will provide access to an array of publications dedicated to creating an evidence base on highly vulnerable children. Pending USAID approval of content, and finalization of an agreement with a web designer, the website will be available to the public in FY 2013. This website is related to the inauguration of a Center for Research on Highly Vulnerable Children at Tulane, which will serve to showcase USAID Southern Africa's support of evidence-based programming and facilitate the dissemination of knowledge that will improve existing practices and guide future program investments.

***Summary of Key Activities and Deliverables Achieved:*** The key deliverables for FY 2012 included conference presentations and publications still under development. Moreover, significant progress was made towards developing a Center website with a resource library.

## Administrative

Tulane has undergone many important changes in the past year designed to streamline the production and dissemination of sound evidence for programs and policies. This includes expanding the research team to include a Program Manager and Research Associate.

The on-campus Program Manager, Ms. Johanna Nice, MPH, was hired in May 2012 through the Tulane University School of Social Work. Ms. Nice supports the COP/PI in all financial, contractual,

monitoring and administrative functions for the Project, as well as providing technical assistance when necessary.

This hire was quickly followed by that of Research Associate, Dr. Mathildah Mokgatle, MPH, PhD, in July 2012. Dr. Mokgatle is a citizen of the Republic of South Africa and has extensive experience in the field of OVC research. She will work closely with the team in support of the following project activities: the development of large scale studies to collect quantitative data on the priority needs of OVC; longitudinal studies on the effectiveness of program models; qualitative focus groups with program participants; provision of technical assistance and best practice briefing sessions to key stakeholders.

***Summary of Key Activities and Deliverables Achieved:*** The FY2012 deliverables that were met included quarterly financial reports; annual progress report; research associate employment contract; and program manager employment contract.

The Pretoria office lease has been removed from the workplan as a Durban office is currently sufficient to coordinate all project activities. The establishment of the new Center is ongoing, with the website expected by early 2013. Given the amount of time required to establish affiliates and contacts for the Center, the official launch will not be held until as the end of FY 2013.

## Financial Details

Overall, the OVC project has maintained cost-effectiveness throughout its first year of implementation, as detailed below.

1. Total Approved Budget: **\$4,481,390**
2. Year 1 Budget (FY12): **\$1,352,441**
3. Funds allocated to date: **\$1,300,000**
4. Total study expenditures to date (as of Sept 30, 2012): **\$772,724**
5. Balance of Obligation (as of Sept 30<sup>th</sup>, 2012): **\$527,276**
6. Balance of Approved Budget Remaining / Eligible to be Requested: **\$3,708,666**
7. Tulane Cost Share contributions to date (as of Sept 30, 2012): **\$32,823**

Similarly, during its two years of operation, the PHE project has also maintained cost-effectiveness, as shown below.

1. Total Approved Budget: **\$3,182,154**
2. Year 1 & 2 Total Budget (FY11 & FY12): **\$1,640,874**
3. Funds allocated to date: **\$1,489,557**
4. Total study expenditures to date (as of Sept 30, 2012): **\$887,036**
5. Balance of Obligation (as of Sept 30<sup>th</sup>, 2012): **\$602,520**

Of note, as reflected in budget projections submitted by SSDS in September 2012, the bulk of the remaining obligation of PHE is anticipated to be spent in early FY 2013 prior to project close-out.